

**SCHEDULE A-P  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA****A. Full Name (Last, First, Middle Initial)****MR. FRANK M. CARPENTER**

Mailing Address 12027 RONNIE DRIVE

City	State	Zip Code
HAGERSTOWN	MD	21742-4256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.85554**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			05			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**B. Full Name (Last, First, Middle Initial)****MR. MICHAEL JAMES CARPENTER**

Mailing Address P.O. BOX 780872

City	State	Zip Code
SEBASTIAN	FL	32978-0872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.188030**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**C. Full Name (Last, First, Middle Initial)****MR. MICHAEL JAMES CARPENTER**

Mailing Address P.O. BOX 780872

City	State	Zip Code
SEBASTIAN	FL	32978-0872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.53867**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			07			2015			

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**Subtotal Of Receipts This Page (optional)**.....

400.00

**Total This Period (last page this line number only)**.....